

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014006

STATE FILE NUMBER

FILED APR 21 1959

Registration District No.

181

Primary Registration District No.

5675

Registrar's No.

11

1. PLACE OF DEATH

a. COUNTY

LINCOLN

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

LINCOLN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN HURRICANE

Inside Limits
Yes ☐ No ☒

c. CITY
OR
TOWN Elsberry

0570

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 7 MI. West Elsberry

Length of stay in lb
7 YEARS

d. STREET
ADDRESS 7 MI. West of Elsberry

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First
CASSANDRA

Middle

—

Last
DIXON

4. DATE
OF
DEATH

Month

Day

Year

APRIL 5, 1959

5. SEX

Female

6. COLOR OR RACE

white

7. MARRIED ☐ NEVER MARRIED ☐
WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH

JULY 11, 1868

9. AGE (In years
last birthday)

90

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR
INDUSTRY
own home

11. BIRTHPLACE (City and state or country)
KENTUCKY

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME

?

JENKINS

13b. MOTHER'S MAIDEN NAME

MARGARET

?

14. NAME OF HUSBAND OR WIFE

R.C. DIXON - Dec. 1951

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT
M.O. DIXON

Address
ELSBERRY, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

BRONCHIAL PNEUMONIA

INTERVAL BETWEEN
ONSET AND DEATH
3 DAYS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

491X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

20d. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-2-59 to 4-4-59 and last saw her alive on APRIL 4, 1959
Death occurred at FIVE A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
(Degree or title)
O.C. Ricks

22b. ADDRESS
ELSBERRY, MO

22c. DATE SIGNED
4/7/59

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL

23b. DATE
4-7-59

23c. NAME OF CEMETERY OR CREMATORY
CITY

23d. LOCATION (City, town, or county)
ELSBERRY, MO

(State)

24. FUNERAL DIRECTOR

O.C. Ricks

ADDRESS

Elsberry, Mo

25. DATE RECD. BY LOCAL REG.

4/20/59

26. REGISTRAR'S SIGNATURE

Mrs. Clarence Kientz

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

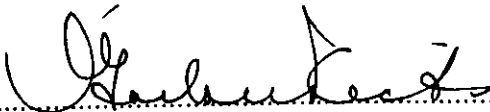
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4012 ✓

P. O. Address. Elsberry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.